

Applicant Name _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the New Jersey Department of Banking and Insurance.

(Print or Type)

Full Name, address and telephone number of the present or proposed entity for which this biographical affidavit is being made (Do Not Use Group Names). _____

Type of entity: Prescription Drug Plan

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth (Attach addendum or separate sheet if additional space is needed).

N/A IS NOT AN ACCEPTABLE ANSWER, IF ANSWER IS "NO" OR "NONE," SO STATE.

1. a. Affiant's Full Name (Initials not acceptable) _____

b. Maiden Name (if applicable) _____

2. a. Have you ever had your name changed? _____ If yes, give the reason for the change and provide the full name(s)

b. Other names used at any time (including aliases)

3. a. Are you a citizen of the United States? _____

b. Are you a citizen of any other country?, If so, what country? _____

4. Affiant's Occupation or Profession _____

5. Affiant's business address _____

Business telephone _____

6. Education and Training:

College/ University

City/ State

Dates Attended (MM/YY)

Degree Obtained

Applicant Name _____

FEIN: _____

Graduate Studies: College/ University

City/ State

Dates Attended (MM/YY)

Degree Obtained

Other Training: Name

City/ State

Dates Attended (MM/YY)

Degree/Certification
Obtained

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student identification number in the space provided in the Biographical Affidavit Supplemental Information)

7. List of memberships in professional societies and associations.

Name of
Society/Association

Contact Name

Address of
Society/Association

Telephone Number
of Society/Association

8. Present or proposed position with the applicant entity _____

9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.

Beginning/Ending

Dates (MM/YY) _____ - _____ Employers'Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employers'Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) _____ - _____ Employers'Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

Applicant Name _____

FEIN: _____

Beginning/Ending
Dates (MM/YY) _____ - _____ Employers' Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Fax _____ Supervisor / Contact _____

10. a. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details _____

11. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency, regulatory authority, or licensing authority that you have held or presently hold. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license(s) issued. Attach additional pages if the space provided is insufficient.

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

12. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Name _____

FEIN: _____

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? _____

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? _____
- e. Pled guilty, or *nolo contendere*, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? _____
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? _____

- h. Been a party to any civil action involving dishonesty, breach of trust, or a financial dispute within the last 10 years? _____
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? _____
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? _____

If the response to any question above is yes, please provide details, including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

13. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person _____

If any of the stock is pledged or hypothecated in any way, provide details. _____

14. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Applicant Name _____

FEIN: _____

If any of the shares or stock are pledged or hypothecated in any way, provide details.

15. Have you ever been adjudged bankrupt? _____

16. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please provide details. For questions (b) and (c), affiant should include any events within twelve (12) months after his or her departure from the entity.

a. Been refused a permit, license, or certificate of authority by any regulatory authority or governmental licensing agency? _____

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? _____

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? _____

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this ____ day of _____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date: _____

This document was executed and signed in the presence of the following witnesses:

1. _____ 2. _____

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ By

_____, and:

_____ who is personally known to me, or

_____ who produced the following identification:

[SEAL]

Notary Public

Printed Notary Name

My commission Expires: _____

Applicant Name _____

FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity for which this biographical affidavit is being made (Do Not Use Group Names)

1. a. Affiant's full name (Initials Not Acceptable). _____
b. Maiden name (if applicable) _____
2. Affiant's Social Security Number _____
3. Government Identification Number if not a U.S. Citizen _____
4. Foreign Student ID# (if applicable) _____
5. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____
State/Province _____ Country _____
6. Name of Affiant's spouse (if applicable) _____
7. List your residences for the last ten (10) years, beginning with your current address:

Beginning/Ending

Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Applicant Name _____

FEIN: _____

Dated and signed this _____ day of _____ at _____

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Date: _____

This document was executed and signed in the presence of the following witnesses:

1. _____ 2. _____

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ By

_____, and:

_____ who is personally known to me, or

_____ who produced the following identification:

[SEAL]

Notary Public

Printed Notary Name

My commission Expires: _____

Applicant Name _____

FEIN: _____

AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the Department of Banking and Insurance by the Third Party Vendor and its suppliers or information sources (Vendor) shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, **name**, presently residing at **residence address** am affiliated with or proposed to be affiliated with **Company Name** which is applying for licensure or a permit to organize with the Department understand that the Department, the Vendor, or both, will conduct an investigation of my background. Such an investigation may require that a consumer report and/or investigative consumer report be performed as such terms are defined under the Federal Fair Credit Reporting Act, during which information is obtained through public record sources, credit reporting databases, etc. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry, and grant my permission for the release of such information needed by the vendors. I hereby agree that the Department, the Vendor, and/or their suppliers or information sources, including, but not limited to, any court, law enforcement agency, employer, firm, or person may disclose, obtain, hold and/or transfer data among themselves that they have concerning me which is necessary for the purpose of this investigation and waive any provisions of law which forbid the disclosure of such information.

I grant consent to any person or entity, which has any records or information concerning me to provide such records or information to the Department, its representatives, or the Vendor. The authorization to courts and law enforcement agencies is inapplicable to records that have been expunged in accordance with law.

I recognize the right of the Department to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from my agent or me the information identifying such confidential sources. *However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information gathered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate.*

I agree to release the Department, the Vendor and their suppliers/sources from all claims related to the background investigation, and the accuracy or completeness of the information provided to the Department in connection with the background investigation.

A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.

(Signature) Date: _____

This document was executed and signed in the presence of the following witnesses:

1. _____ 2. _____

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ By

_____, and:

_____ who is personally known to me, or

_____ who produced the following identification:

[SEAL]

Notary Public

Printed Notary Name

My commission Expires: _____